U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)				Family Name or Surname						
Vinod K.				Malhotra						
Inventor's Signature	Yuz	- M	lhã	ton			Date 12	127/2001		
Residence: City	San Jose	State	C.A	1	Country	US	Citizenship	India		
Mailing Address	5245 Arno Court									
City	San Jose	State	C#	١	ZIP	95138	Country	US		
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)				Family Name or Surname						
	Pratheep			Balasingam						
Inventor's Signature	P.B	an'	fa	in	^		Date 12	131/01		
City	San Jose	State) c	4	Country	us	Citizenship	ик		
Mailing Address	6249 Plymouth A	venue						,		
City	San Jose	State	CA		ZIP	95129	Country	us		
Name of Additional	lame of Additional Joint Inventor, if any:									
Given Name (first and middle (if any)			Family Name or Surname							
	Qonald					Zu	lch			
Inventor's Signature	Xxal	1 5	juli	h			Date /2	/27/0/		
City	Santa Clara	State	CA	1	Country	US	Citizenship	us		
Mailing Address	2420 Pacific Drive	e, #9								
City	Santa Clara	State	C/	4	ZIP	95051	Country	US		

Burden Hour Statement' This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

supplemental priority data sheet PTO/SB/02B attached hereto

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR			Attorne	Attorney Docket Number 1		NTI-030			
DESIGN				First Named Inventor			ames K. Falbo		
PATENT APPLICATION				COMPLETE IF KNOWN					
(37 CFR 1.63)			Applica	Application Number F		iled Herewith			
Declaration Submitted OR with Initial Filing	Submitted	Decla Subm	ration utted after Initial	Filing E	Date	Fil	ed Herewith		
	Filing	(surcharge CFR 1 16(e))	Group Art Unit		un	unknown			
i ming		requir		Examir	aminer Name ur		known		
				· · · · · · · · · · · · · · · · · · ·					
	a below named invent								
M	y residence, mailing add	dress, and citi	zenship are as stat	ted below r	next to my name				
	pelieve I am the original ames are listed below) o	of the subject r	natter which is clair	med and fo		s sought on	the invention enti	tled	
					NE TO PERI TIFICATION	-		G	
ĺ	121		K Birrour	DEIXC)		· OI EI			
+h	o appointantion of which		(Ti	tle of the li	nvention)				
in X	e specification of which is attached hereto								
	OR was filed on (MM/	DD/YYYY)		1	as United St	ates Applica	ation Number or P	CT International	
			ded on (MM/DD/YY	(YY) 🗀	(if applicable)				
ame I aci	ereby state that I have ended by any amendme knowledge the duty to c art applications, materia	nt specifically disclose inform	referred to above. nation which is mat	terial to pat	tentability as define	ed in 37 CF	R 1.56, including	for continuation-	
	international filing date					e or the pri			
bree Unit inve	reby claim foreign priori eders rights certificate(sed States of America, intor's or plant breeder' or priority is claimed.	s), or 365(a) o listed below	of any PCT interna and have also ide	ational app entified be	olication which des flow, by checking	signated at the box, a	least one country ny foreign applic	y other than the ation for patent,	
Pric	or Foreign Application Number(s)	Country	Foreign Fil (MM/DD/		Priority Not Claimed		Certified Co YES	oy Attached? NO	
N/A	N/A								
		<u></u>							
	Additional foreign applic							to.	
1116	I hereby claim the benefit under 35 U.S C. 119(h) of any Uni Application Number(s) Filing Dat			ited States e (MM/DD		auori(s) iiste	u pelow.		
	N/A		, 3 2 4.1			☐ Addit	ional provisional a	application	
					Additional provisional application				

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U S C 112 I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application Parent Filing Date **Parent Patent Number** U.S. Parent Application or PCT Parent Number (MM/DD/YYYY) (if applicable) N/A Additional U.S or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Place Customer 29477 Code Label here OR Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to Customer Number OR Correspondence address below 29477 or Bar Code Label Name Address City ZIP State Fax Telephone +1 (408) 451-5907 +1 (408) 451-5908 Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname James K. Falbo Inventor's Signature Date Residence: City CA บร us San Jose State Country Citizenship 931 Farrar Court Mailing Address City ZIP San Jose State CA US 95125 Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto: